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IRO Certificate #4599

DATE OF REVIEW: 6/09/16

IRO CASE NO.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Six physical therapy visits for Right Shoulder with Evaluation and Re-Evaluation between 5/12/16 and 7/11/16

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Physician Board Certified in Physical Medicine & Pain Management

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

<b>Upheld</b>	<b>(Agree) <u>X</u></b>
Overtaken	(Disagree)
Partially Overtaken	(Agree in part/Disagree in part)

PATIENT CLINICAL HISTORY SUMMARY

Patient is a male who sustained an injury to the right shoulder on XX/XX/XX when he was removing a XX and it came down with too much weight. MRI of the right shoulder on XX/XX/XX showed moderate AC joint arthrosis with distal clavicle osteolysis, ill defined intrasubstance tearing throughout the supraspinatus and infraspinatus tendons, and complex tearing throughout the superior half of the labrum. He went through 3 months of conservative treatment including medications and physical therapy, then had arthroscopic rotator cuff repair with subacromial decompression, labral repair, distal clavicle excision and open biceps tenodesis surgery on XX/XX/XX. PT notes shows he is not making significant progress, discharged to await follow up with doctor. He was most recently seen on XX/XX/XX and was noted to have regained some motion, but still having pain with end ROM. He still had 4/5 strength supraspinatus, subscapularis, and infraspinatus. He was offered a LEFT intra-articular steroid injection to reduce inflammation and help progress him in physical therapy. He had 29 post-operative physical therapy sessions to date.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION

**Opinion: I agree with the benefit company's decision to deny the requested service.**

Rationale: This review pertains to the need for 6 additional physical therapy sessions after 29 PT sessions already completed for a patient s/p right shoulder arthroscopic surgery and open biceps tenodesis. It is unclear what transpired between the surgical date and the most recent post-op visit to explain why the patient has had so little progress. Upon reviewing the PT notes, there is no justification for additional sessions and reason behind lack of progress. 6 more sessions for a total of 35 PT sessions for a post shoulder arthroscopic surgery patient would be excessive based on ODG.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL  
MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE & EXPERTISE IN ACCORDANCE WITH  
ACCEPTED MEDICAL STANDARDS X**

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES X**

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES  
(PROVIDE DESCRIPTION)